



AMENDED WAGE DETAIL REPORT

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|---|-------------------|--|------------------------|
| 1. EMPLOYER NAME & ADDRESS | 2. UA ACCOUNT NO. | 3. FEDERAL EMPLOYER IDENTIFICATION NO. | 4. QUARTER ENDING DATE |
| 5. TOTAL GROSS WAGES REPORTED ON THE ORIGINAL FORM UA 1017 \$ | | (ACTUAL) TOTAL GROSS WAGES \$ FOR THIS QUARTER | |

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING THIS SECTION

| | | | | | | |
|--|-----------|--|--|-------|-----------------------------------|-------|
| 6. REASON FOR THE AMENDMENT: | | | | | | |
| PART A | | PART B Enter the complete information for each employee as it should appear in our records. (We will adjust our records as needed.) | | | | |
| 7. SOCIAL SECURITY NUMBER ON FORM UA 1017 | 8. STATUS | 9. SOCIAL SECURITY NUMBER | 10. EMPLOYEE'S NAME | | 11. GROSS WAGES PAID THIS QUARTER | |
| | | | LAST | FIRST | DOLLARS | CENTS |
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| 12. Certification: I certify that I have examined this report, and to the best of my knowledge and belief, it is correct and complete. | | | 13. TOTAL - THIS PAGE ONLY | | | |
| Signature _____ Date _____ () | | | 14. GRAND TOTAL (ON THE LAST PAGE ONLY) | | | |
| Title _____ Telephone _____ | | | | | | |

AMENDED WAGE DETAIL REPORT

This report is authorized by MCL 421.1, et seq., and its purpose is to amend quarterly wage detail information previously submitted. In order to comply with the law concerning accuracy, it is important to provide amended information for each UA account number needing correction.

An Amended Wage Detail Report is to be used to amend information previously submitted on either magnetic tape or on the Wage Detail Report, Form UA 1017. Any questions regarding the Form UA 1019 should be directed to the Wage Reporting Unit at (313) 876-5752. Contributing employers filing this Form UA 1019 may also need to file an Employer's Supplemental Tax Report, Form UA 1021. The Form UA 1021 is used to correct the gross and taxable wages reported for tax purposes on the Employer's Quarterly Tax Report, Form UA 1020. Any questions regarding Form UA 1021 are to be directed to (313) 876-5135.

IMPORTANT: A separate Amended Wage Detail Report must be filed for each quarter being amended. The total wages reported on the original form or magnetic tape must equal the total gross wages reported on Form UA 1020 filed by a contributing employer.

PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING THIS FORM

Column 8 – Place an **F** by the employees that are immediate family members of the business owner(s).

If you are reporting new information that was not reported previously, show the complete detail information for employee in Part B only. Part A should be blank.

For Example: You omitted Robert Smith from your original report.

| PART A | | PART B | | | | |
|--|-----------|---|---------------------|--------|-----------------------------------|-------|
| | | Enter the complete information for each employee as it should appear in our records. (We will adjust our records as needed.) | | | | |
| 7. SOCIAL SECURITY NUMBER ON FORM UA 1017 | 8. STATUS | 9. SOCIAL SECURITY NUMBER | 10. EMPLOYEE'S NAME | | 11. GROSS WAGES PAID THIS QTR. | |
| | | | LAST | FIRST | DOLLARS | CENTS |
| | | 999-89-8989 | Smith | Robert | 3600 | 00 |

If you are correcting information that was previously reported, show the complete detail information for each employee in Part B even though you are correcting only part of the information. In Part A, show the exact Social Security Number that was used on the original report. To delete information reported in error follow the example below.

For Example: You transposed two digits of the Social Security Number of Ann Lee. You want to change wages for Mary Jones from \$2,400.00. You erroneously reported wages for John Williams.

| PART A | | PART B | | | | |
|--|-----------|---|---------------------|-------|-----------------------------------|-------|
| | | Enter the complete information for each employee as it should appear in our records. (We will adjust our records as needed.) | | | | |
| 7. SOCIAL SECURITY NUMBER ON FORM UA 1017 | 8. STATUS | 9. SOCIAL SECURITY NUMBER | 10. EMPLOYEE'S NAME | | 11. GROSS WAGES PAID THIS QTR. | |
| | | | LAST | FIRST | DOLLARS | CENTS |
| 999-98-9999 | | 999-89-9999 | Lee | Ann | 3600 | 00 |
| 888-88-8888 | | 888-88-8888 | Jones | Mary | 4200 | 00 |
| 777-77-7777 | | DELETE | Williams | John | | 00 |

If you are reporting a Social Security Number for an employee for whom you did not previously have a SS number, show the complete detail information in Part B even though it is the same information you reported previously. Part A, show the SS number as zeros.

For Example:

| PART A | | PART B | | | | |
|--|-----------|---|---------------------|--------|-----------------------------------|-------|
| | | Enter the complete information for each employee as it should appear in our records. (We will adjust our records as needed.) | | | | |
| 7. SOCIAL SECURITY NUMBER ON FORM UA 1017 | 8. STATUS | 9. SOCIAL SECURITY NUMBER | 10. EMPLOYEE'S NAME | | 11. GROSS WAGES PAID THIS QTR. | |
| | | | LAST | FIRST | DOLLARS | CENTS |
| 000-00-0000 | | 999-89-8999 | Hill | Thomas | 3600 | 00 |

NOTE: If you need to correct only the total gross wage amount for all employees, do not complete Parts A or B. Complete items 1-6 and 14.